

**DECLARATION AND
 POWER OF ATTORNEY
 FOR UTILITY OR DESIGN
 PATENT APPLICATION
 (37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (c)) required)

OR

Attorney Docket Number	ITR0053Y
First Named Inventor	Michele Pallaoro
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR IDENTIFYING HISTONE DEACETYLASE INHIBITORS

the specification of which

(Title of the Invention)

bears the Atto Docket Number and Title of the Invention noted above

OR

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES NO
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/530,540	12/18/2003	ITR0053PV

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioners Associated with the Customer Number 000210
 Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number
John David Reilly	43,039	Joanne M. Giesser	32,838
Alysia A. Finnegan	48,878	Joan E. Switzer	34,740
Vineet Kohli	37,003		

Direct all correspondence to: Customer Number 000210

Name	John David Reilly				
Address	Merck & Co., Inc - Patent Department				
Address	P O Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-6914	Fax	(732)594-4720

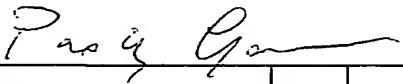
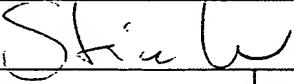
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)	Family Name or Surname				
Michele	Pallaoro				
Inventor's Signature		Date	Nov. 11, 2004		
Residence: City	Rome	State	Country	Italy	Citizenship

Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30 600				
City	Pomezia, Rome	State	ZIP	00040	Country

Additional inventors are being named on the 1 supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto

DECLARATION AND POWER OF ATTORNEY**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Paola		Gallinari					
Inventor's Signature					Date	Nov. 11, 2004	
Residence: City	Rome	State		Country	Italy	Citizenship	Italy
Mailing Address	Istituto di Richerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30 600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Sergio		Altamura					
Inventor's Signature					Date	Nov. 11, 2004	
Residence: City	Rome	State		Country	Italy	Citizenship	Italy
Mailing Address	Istituto di Richerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30 600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Christian		Steinkuhler					
Inventor's Signature					Date	Nov. 11, 2004	
Residence: City	Rome	State		Country	Italy	Citizenship	Germany
Mailing Address	Istituto di Richerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30 600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	